Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in	II IL IE 1201/02 460				
(Soverment Goode Sections S4420204210.0)	Statement covers period 01-01-2004	Date of election if applicable: (Month, Day, Year)  Date of election if applicable: (Month, Day, Year)  JUL 3 1 2004  Page 1 of 16  Page 1 of				
SEE INSTRUCTIONS ON REVERSE	through 06-30-2004	By Deputy ((1)(1)(2) V				
1. Type of Recipient Committee: All Committees - Go	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:				
<ul> <li>○ State Cancidate Election Committee</li> <li>○ Recall</li> <li>(Also Connects Part 5)</li> </ul>	Ballot Measure Committee Primarily Formed Controlled Sponsored	Preelection Statement				
General Purpose Committee Sponsored Small Contributor Committee	nee Concles Forts: Primarily Formed Candidate/ Diticeholder Committee Also Comptee Part 7;					
3. Committee Information	о Nomber <b>961967</b>	Treasurer(s)				
Friends of Mike Carona  STRUET ADDRESS (NO PO. BOX)  CITY STATE ZIP CO.		Lesley Fleischman  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  NAME OF ASS STANT TREASURER IF ANY				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR FLO E		MAILING ADDRESS				
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PI-ONE				
OPTIONAL FAX / E-MAIL ADDRESS	i	OPTIONAL: FAX / E-MAIL ADDRESS .				
4. Verification  I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State  Executed on OT-39-2004  Executed on Executed O	of California that the foregoing is true a	A knowledge the information contained herein and in the attached schedules is true and complete. I and correct.  Signature of Treescent or Assistant Treasurer  Analog Controlling Officeholder, Canadate, State Measure Proported.				
Ωulei 	**** <del>Variation of the second </del>	Skyratu vol Controllary Officerolder Candidate State Measure Proporent FPPC Toll-Free Helpline: 866/ASK-FFPC State of California				

Officeholder or Candidate Control	led Committee	6. Ballot N	Aeasure Commi	ittee		
NAME OF OFFICEHOLDER OR CARCIDATE	NAME OF BALLOT MEASURE					
Michael S. Carona						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	FAND DISTRICT NUMBER IF APPLICABLE;	BALLOT N	O ORLETTER	JURISDICTIO	ti	□ SUPFOFT □ C°POSE
Sheriff-Coroner of Orange County						☐ GPPOSE
RESIDENTIALBUSINESS ADDRESS (NO AND S	STREET) CITY STATE ZIP	ldentify	the controlling off	iceholder, can	didate, or state measure	e proponent, if an
		NAME OF	OFFICEHOLDER, CAP	IDIDATE, OR PRO	DPONENT	
• • • • • • • • • • • • • • • • • • • •	in this Statement: List any committees olled by you or are primarily formed to receive all of your candidacy.	OFFICE S	OUGHT OR HELD		DISTRICT NO	), IF ANY
COMMITTEE NAME	I.D. NOMBER	**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>
		7 Police - of	ile Canada d Oas		a de la composición	
NAME OF TREASURER	CONTROLLED COMMITTEE?		lly FOIMEG CON is committee is prin		names of officeholder(s) e	r candidate(s) for
	☐ YES ☐ NO	LANC OF	OFFICE ION OFFI ON	~ 44 (P)(P) ~ TP	OFFICE SOUGHT OR HELD	
COYMITTEE ADDRESS STREET ADDRE	(SS (NO PO, BCX)	NAME OF	OFFICEHOLDER OR I	JANUIDATE	OFF DE SOCIATION MEE	SUPPORT OPPOSE
CITY STA	TE ZIP CODE AREA CODE/PHONE	NAME OF	OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HELF	SLPPORT OPPOSE
COMMITTEE NAME	I.D NUMBER	NAME OF	OFFICEHOLDER OR I	DANDIDATE	OFFICE SOUGHT OR HELL	
						SUPPORT DIPPOSE
					1	i
NAME OF TREASURER	CONTROLLED COMMITTEES	NAME OF	OFFICEHOLDER OR	CANDIDATE	OFFICE SCUGHT OR HELI	
	☐ YES ☐ NO	NAME OF	OFFICEHOLDER OR (	CANDIDATE	OFFICE SOUGHT OR HELD	
		NAME OF	OFF CEHOLDER OR	CANDIDATE	OFFICE SCUGHT OR HELI	SUPPORT
	YES NO NO BOX	NAME OF			OFFICE SCUGHT OR HELL on sheets if necessary	SUPPORT

### Campaign Disclosure Statement **Summary Page**

Type or print in Ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** 01-01-2004 **FORM** 06-30-2004

from \_ through SEE INSTRUCTIONS ON REVERSE NAME OF FILER LD NUMBER Friends of Mike Campa 961967

Friends of Mike Carona					961967
Contributions Received	t)	COLUMN A TOTAL "HIS PERIOD FROM ATTACHED SCHEDULES)		Column B Calendar year Total Yodaie	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	5	0.00	\$	67,971.00	General Elections
2. Loans Received		0.00		0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add tines 1 - 2	5	0.00	\$	67,971.00	20. Contributions
4. Nonmonetary Contributions Schedule C. Line 3		0.00		399.00	Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED	\$	0.00	\$	68,370.00	Made \$\$
Expenditures Made		40.040.04			Expenditure Limit Summary for State
6 Payments Made Schedule E. Line 4	\$		\$	136,981.35	Candidates
7. Loans Made		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	46,048.34	\$	136,981.35	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		6,869.74		6,869.74	Date of Election Total to Date
10. Nonmonetary Adjustment		0.00		399.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Ack! Lines 8 + 9 + 10	\$	52,918.08	\$	144,250.09	\$
Current Cash Statement					
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	405,507.37	70	calculate Column B. add	
13. Cash Receipts Column A. Line 3 above		0.00	am	ounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule i. Line 4		1,403.29		responding amounts n Column B of your last	<b></b>
15. Cash Payments Column A. Line 8 above		46,048.34		ort. Some amounts in umn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtrect Line 15	\$	360,862.32	figu	res that should be	
If this is a termination statement, Line 16 must be zero.			per	tracted from previous lod amounts. If this is	\$
17 LOAN GUARANTEES RECEIVED Schedule B. Pari 2	\$	0.00	the first report being filed for this calendar year, only carry over the amounts		*Since January 1, 2001. Amounts in this section may be
Cash Equivalents and Outstanding Debts				n Lines 2, 7, and 9 (if	different from amounts reported in Column 8.
18. Cash Equivalents See instructions on reverse	£	0.00	Į,	<i>P</i>	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	6,869.74			FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

#### Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A Statement covers period **CALIFORNIA** 01-01-2004 **FORM** 06-30-2004 through

SEE INSTRUCTIONS ON REVERSE

NAME OF SUITE ID NEMBER 961967 Friends of Mike Carona AVOUNT CUMULATIVE TO DATE. PER ELECTION IF AN INDIVIDUAL, E'ITER FULL NAME, STREET ACCRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTION ME OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TODATE (IN COMMITTEE NUSC ENTER LD. HUMBER) RECEIVED 0008 \* FERIOR IF SELF-EMPLOYED EMIER NAME (UAN 1 - DEC. 31) AF REGUIRED OF BUSINESS: []IND COM □ OTF ETY . ⊡scc □IND □сом □отн PTY ∃scc IND CCM □отн T PTY □scc []IND COM OTH □ PTY SCC DIND . СОМ OTH **FITY** ∏scc SUBTOTAL \$ Schedule A Summary "Contributor Codes IND - Individual 1. Amount received this period - contributions of \$100 or more. 0.00 COM - Recipient Committee (Include all Schedule A subtotals.) (other than PTY or SCC) 0.00 OTH - Other 2. Amount received this period – unitemized contributions of less than \$100 .......\$ PTY - Political Party SCC - Small Contributor Committee 3. Total monetary contributions received this period. 0.00 

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

										SCHEDULE E
Schedule E		Type or print in ink.  Amounts may be rounded			\$	Statement covers period			CALIFORNIA 46	
Payments Made		to whole d			fra	m	01-01-2004	FO	RM	400
SEE INSTRUCTIONS ON REVERSE					thr	ough	06-30-2004	Page _	5 ol	16
NAME OF FILER			······································	· · · · · · · · · · · · · · · · · · ·				LD. NU	MEER	
Friends of Mike Carona								96196	7	
CODES: If one of the following codes accurately describe	s the p	ayment, yo	ou may en	ter the code.						
CMP campaign paraphernalia/misc.	MBR MTG		nnunications d appearance	~~	RAD RFD		airtime and production led contributions	costs		
CNS campaign consultants CTB contribution (explain nonmonetary)*	OFC	•	• •	J'5	SAL		aign workers' salaries			
CVC civic donations	PET	petition circu	ılating		TEL		cable airtime and pro-		ts	
FIL candidate filing/ballot fees	PHO	phone banks		rah	TRC TRS		date travel, lodging, an spouse travel, lodging,			
FND fundraising events  IND independent expenditure supporting/opposing others (expiain)*	POL POS		survey resea Every and me	icit essenger servici			er between committee			tate/sponsor
LEG legal defense	PRO	professional		gal, accounting)	VOT		registration			
LIT campaign literature and mailings	PRT	print ads			WE	3 inform	nation technology cost	s (internet,	e-mail)	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD. NUMBER)			CODE	OR	DESCRIPTION	ON OF PA	YMENT		AMO	UNT PAID
100 Black Men of Orange County					· · · · · · · · · · · · · · · · · · ·					
The Black Will of Grange Goanty			CVC							500.00
1-800-CONFERENCE				<del>-</del>						
1-000-CONFERENCE			OFC							426.42
American Express							- Adams delikasina makampini ni ngangangangangangangangangangangangangan			
Respondent Summarian			OFC							1,911.10
	····				Marting and Control of the Control o					
* Payments that are contributions or independent expenditures	must a	lso be sumn	narized on S	ichedule D.			SI	JBTOTAL:	\$	2,837.52
Schedule E Summary										
Payments made this period of \$100 or more. (Include all S.)	chedul	e E subtota	ls.)					S	45,6	883.57
Unitemized payments made this period of under \$100									,	364.77
Total interest paid this period on loans. (Enter amount from										0.00
- 5. Total interest palo this period on loans, (Enter amount from	i ourie	Juie D, Fail	T, CORRINI	₹ <b>□</b> },,,,,,,,,,,,,		,	*******************	🗘 🚐		

46,048.34

SCHE	D: II	FF.	CONT.

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink, Amounts may be rounded to whole dollars.

 Statement covers period
 CALIFORNIA 460

 from
 01-01-2004

 through
 06-30-2004

 Page
 6 of /6

961967

SEE 1951RUC FONS ON REVERSE NAME OF FILER

#### Friends of Mike Carona

CMP campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS campaign consultants	MTG	meetings and appearances	RFO	returned contributions
CTB contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' sataries
GVC civic donations	PET	petrion circulating	TEL	t.y or cable airtime and production costs
FIL pandidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, rodglog, and meals
FND fundraising events	POL	polling and survey research	TRS	staffispouse travel, lodging, and meals
IND independent expenditure supportingropposing others (exclain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LfT campaign literature and mailings	PAT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF FAYEE (FIGOWATTEE ALSO ENTER TO INDUBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T	OFC		225.67
Axin Financial Cardservice International	OFC		222.38
Bell, McAndrews & Hiltachk, LLP	LEG		5,543.71
Committee to Re-elect Tom Fuentes	СТВ		2,000.00
Jon Fleischman	OF	C, POS, TRC & TRS	2,767.72

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

10.759.48

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA ACO
from01-01-2004	FORM 400
through06-30-2004	Page 7 of 16
#145 http://www.com.com.com.com.com.com.com.com.com.com	TO NUMBER
	961967

Friends of Mike Carona

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs. CNS campaign consultante MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' safaries CVC - civic donations PET petition circulating TEL 1.9, or cable airtime and production casts FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor ND independent expenditure supporting/apposing others (explain)" POS postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OF COMMUTEE ALSO ENTER ID, NAMBER;	CODE C	R DESCRIPTION OF PAYMENT	CIARTINUOMA
Leo Chu		reimbursement of gift	350.00
SBC California Payment Center	OFC		366.08
Make a Wish Foundation of Orange County	cvc		500.00
Mike Carona		officeholder expenses	5000.00
The AOCDS Memorial Fund	cvc		250.00
Daymant that we contribution and of the state of the stat			771

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

6,466.08

#### Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT)

Statement covers period	CALIFORNIA ACO
from 01-01-2004	FORM 40U
through 06-30-2004	Page 8 of 16
	10: NUMBER 961967

Friends of Mike Carona

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants MTG meetings and appearances returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic denations FET petition circulating t.v. or cable airlime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meets independent expenditure supporting/apposing others (explain)\* ND transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF LEG legal defense professional services (legal, accounting) PRO VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYER OF COMMITTEE ALSO ENTER LD. PUMBER	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Paul Folino	TRC	_	209.70
Framers Workshop	OFC		167.02
Franchise Tax Board		tax	3,319.00
National Hispanic Business Womens Association	cvc		1,000.00
Monogram Magic	OFC		256.10

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

4.951.82

#### Schedule E (Continuation Sheet) Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment,

SCHEDULE E (CONT.)

Statement covers period		CALIFORN	A ACO
from	01-01-2004	FORM	400
through_	06-30-2004	Page 9	or (6
		10.NUMBER 961967	

RAD radio airtime and production costs

RFD returned contributions

SEE INSTRUCTIONS ON HEVERSE NAME OF FILER Friends of Mike Carona

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain normonetary)*  CVC tivic donations  Fit cand date filling/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG logal defense  LT campaign literature and mailings	PCS postage, del	ilating s survey resear livery and me	ch ssenger services at, accounting)	SAL campaign workers' salaries TEL tw. or cable airtime and prodi TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, a TSF transfer between committees VOT voter registration WEB information technology costs	meals and meals of the same car	ididate/sponso
NAME AND ADDRESS OF PAYER OF COMMITTEE ALSO ENTER ID NUMBER:		CODE	DR .	DESCRIPTION OF PAYMENT	АМ	OUNT PAID
Peace Officers Firefighters Fellowship (POFF) Fire Victims Fu	nd	cvc				270.00
Republican Party of Orange County		MTG				2,500.00
U. S. Bank		entre de la constanta de la co	tax (federal)			10,782.00
United States Treasury			tax			2,732.36
Visteva		WEB				636.25
* Payments that are contributions or independent expenditures must als	so be summarized on	Schedule D.		SUB	TOTAL \$	16,920.61

### Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

MBR member communications

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

SCHEDULE E (CONT)

RAD radio airtime and production costs

SEE INSTRUCTIONS ON REVERSE.

Friends of Mike Carona

CMP campaign paraphernalia/misc.

CTB	civic donations candidate filing/ballot fees fundralsing events independent expenditure supporting/apposing others (explain)*	VTG meetings an OFC office expenses petition circular phone bank POL politing and postage, de PRO professional PRT print ads	nses Lating s survey rese livery and r		SAL TEL TRC TRS TSF VOT	returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meats staff/spouse travel, logging, and meats transfer between committees of the sar voter registration information technology costs (internet, e	ne candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LC HUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Arr	nie Steinberg & Associates		POL				2,500.00
Lav	w Offices of Day & Day		RFD				100.00
Ora	ange County Sheriff-Coroner Department		cvc			-	1,000.00
Lin	da Sellers		OFC				148.06
* Pay	ments that are contributions or independent expenditures must al	so be summarized on	Schedule D	).		SUBTOTAL \$	3,748.06

9	CH	15	D.I	11		D
•	<b>1</b> /F	15	1 11		-	-

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in Ink. Amounts may be round to whole dollars.	fed	Statement cov	ers period 1-2004	CALIFORNIA 46
SEE INSTRUCTIONS ON REVERSE			through06-3	30-2004	Page 11 of 1
NAME OF FILER Friends of Mike Carona					10 NUMBER 961967
CODES: If one of the following codes accurately described.  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND tundraising events  IND legal defense  campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey resipostage, delivery and PRO professional services ( PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate trav. TRS staff/spouse tr TSF transfer betwee VOT voter registrat	and production of fluitions kers' salaries rtime and produ el, lodging, and avel, lodging, a en committees ion	osts iction costs meals
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER I D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING	(b) AMOUNT INCURRED	(c) AMOUNT F	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSC ENTER LD NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PALO THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Ogilvy Public Relations Worldwide	CNS	0.00	3,687.50	0.00	3,687.50
United States Treasury	tax	0.00	1,779.36	0.00	1,779.36
Visteva	WEB	0.00	1,105.00	0.00	1,105.00
$^{\bullet}$ Payments that are contributions or independent expenditures must also be $^{+}$ summarized on Schedule D.	SUBTOTALS S	0.00	6,571.86 \$	0.00 \$	6,571.86

## Schedule F Summary 1. Total accrued expenses in

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	6,869.74
2.	t. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A. Line 9.)	

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from 01-01-2004 CALIFORNIA 460

through \_\_\_\_\_06-30-2004

Page 12 of 16

NAME OF FILER

1.D. NUMBER 961967

Friends of Mike Carona

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* IND postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(6) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) CUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Mike Carona	officeholder expenses	0.00	297.88	0.00	297.88
•					
	SUBTOTALS	\$	297.88	0.00	297.88

# Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 01-01-2004 CALIFORNIA 460 FORM 13 of 16

961967

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mike Carona

NAME OF AGENT OR INDEPENDENT CONTRACTOR

#### American Express

CODES: If one of the following codes accurately describ	es the payment, you may enter the code	. Otherwise, describe the payment.
CMP campaign paraphernaliarmisc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/bailot fees	MBR mentings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers salaries  TEL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals
FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign iterature and mailings	POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	TRS staff/spouse travel, lodging, and meals

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR OREGITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNTPAID
Kinko's	OFC		1,854.82
ttach additional information on appropriately labeled continuation sheets.		TO	TAL* \$ 1,854.82

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

# Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 01-01-2004 CALIFORNIA 460

through 06-30-2004 Page 14 of 16

SEE INSTRUCTIONS ON REVERSE	through 06-30-2004 Page	14 of 16
CAME OF FILER		BER
Friends of Mike Carona	961967	7
MAME OF AGENT OR INDEPENDENT CONTRACTOR		

Mike Carona

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. member communications RAD radio airtime and production costs CNS campaidn consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries CVC divic donations petition circulating t.v. or cable sirtime and production costs candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)\* PO6 postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF legal defense professional services (logal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB Information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
TRC	1,122.62
TRC	621.24
TRC	771.65
	-
	TRC

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

2,515.51

<sup>\*</sup>Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 01-01-2004	CALIFORNIA 460
SSE LISTRUCTIONS OU REVERSE		through06-30-2004	Page 15 of 16
Friends of Mike Carona			о пимвек 961967
Jon Fleischman  CODES: If one of the following codes accurately describe	as the navment you may enter the hade	Who pains along the di-	
CMP campaign paraphematia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG campaign literature and mailings	MBR member communications mostlings and appearances OFC office expenses PET petition circulating PHC phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro- TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	duction costs d meals and meals s of the same candidate/sponsor
* Payments that are contributions or independent expenditures must als	o be summarized on Schedule D.		

NAME AND ADDRESS OF PAYEE OR CREDITOR

CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TRC		167.50
TRS		349.70
eels.		TOTAL* \$ 517.20
	TRS	TRS

\*Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor es reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

517.20

TOTAL \$

Schedule I Miscellaneous Increases to Cash  BEE INSTRUCTIONS ON REVERSE		Amounts	Type or print in ink.  Amounts may be rounded State to whole dollars.  from through.		01-01-2004 06-30-2004	CALIFORNIA 460 FORM Page 16 of 16
HAME OF FILSE Friends of	Mike Carona	<del>,</del>				D. NUMBER 961967
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE OF COMMITTEE ALX: BUTER (ID. NUMBER)		95	SCRIPTION OF	RECEIPT	AMOUNT OF PIOREASE TO CASH
01-01-2004	U. S. Bank		interest			1,403.29
Attach additi	onal information on appropriately labeled continuation sheets.				SUBTOTAL S	1,403.29
<ol> <li>Unitemized</li> <li>Total of all in</li> <li>Total miscel</li> </ol>	Summary o cash of \$100 or more this period. increases to cash under \$100 this period. interest received this period on loans made to others. (Schilaneous increases to cash this period. (Add Lines 1, 2, a lage, Line 14.)	edule H, Colum	nn (e).)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 0.00 \$ 0.00	
						FPPC Form 460 (June/01) Free Helpline: 866/ASK-FPPC